

CERTIFIED MAIL



7002 0510 0003 8603 4148

U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

PB 4/17/07 50470081-50470086

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Need for Amendment
and Clean Up work

Postmark
Here

Total Po:

Sent To

Street, Apt
or PO Box

City, State,

FRANK GLINTON
BLACK SANDS HOLDING CO
2939 S TAMARAC ST
DENVER CO 80231

FRANK GLINTON
BLACK SANDS HOLDING CO
2939 S TAMARAC ST
DENVER CO 80231

LN 11/14
11/21
11/29

NIXIE

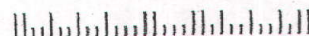
802 5C 1

74 12/05/07

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

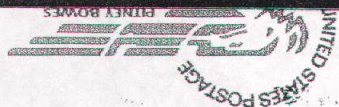
BC: 84114

*1858-04271-05-41



PS Form 3800, January 2001

See Reverse for Instructions



231+4184 0010

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SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FRANK GLINTON
BLACK SANDS HOLDING CO
2939 S TAMARAC ST
DENVER CO 80231

PB 11/1/07 50470081-50470086

2. Article Number
(Transfer from service label)

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PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

102595-02-M-1540